

#  
10

216 W. 4th

A

Dissertation

On

Dysentery.

By Benjamin Fisher, Jr.

of New Jersey.

admitted April 3d 1822

13. 10. 1850

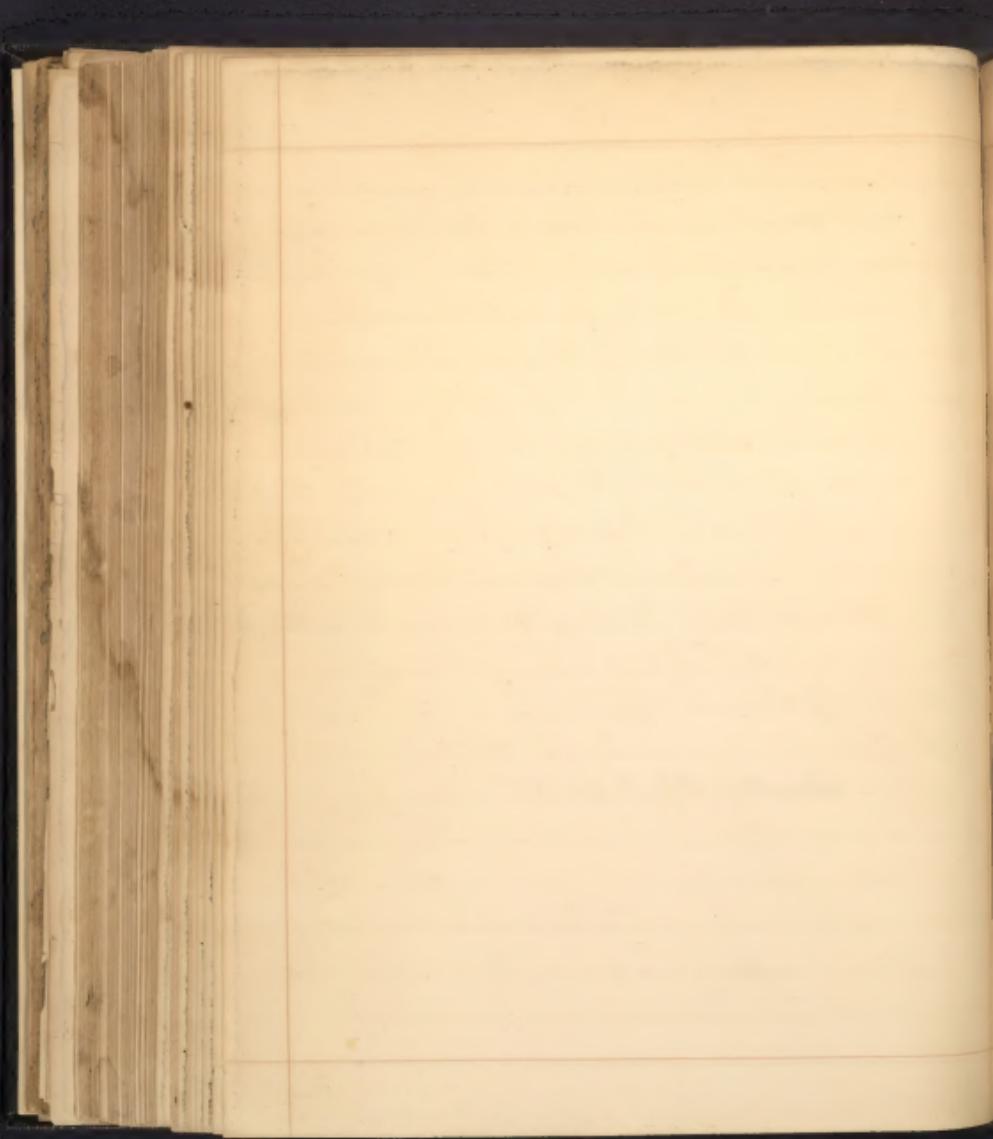
13. 10. 1850

13. 10. 1850

13. 10. 1850

13. 10. 1850





Dysentery, according to Dr. Cullen, is a disease, in which the patient has frequent stools accompanied with much griping, and followed by a tenesmus. The stools, though frequent, are generally in small quantity; and the matter voided is chiefly mucus, sometimes mixed with blood. At the same time the natural faeces seldom appear, and when they do, it is generally in a compact and hardened form; called scybala.

Other names have been assigned to it; as bloody flux, a calambar or rheumatic affection of the bowels &c.

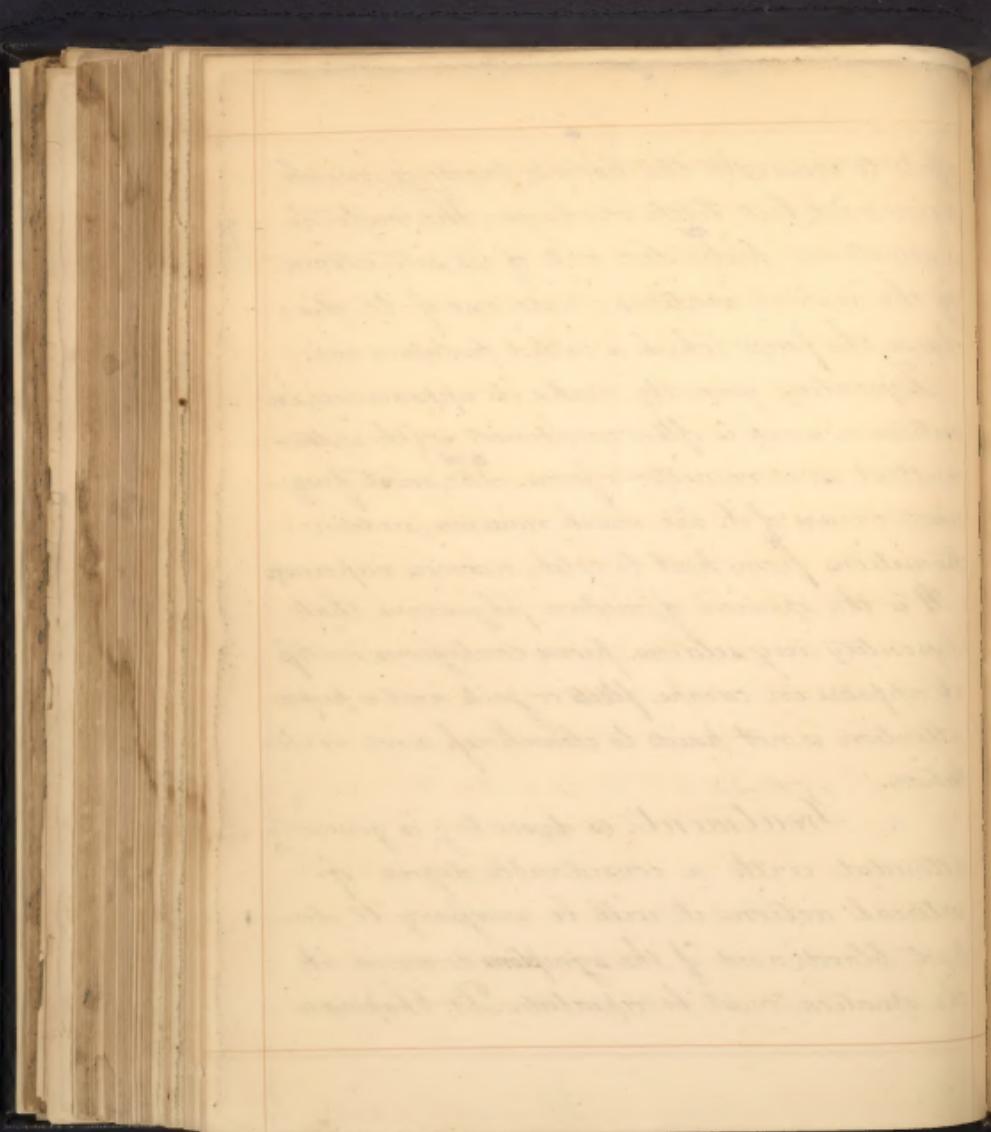
This disease sometimes commences with chills and other symptoms of pyrexia; at other times the local affections appear first, as pain in the bowels, nausea and vomiting. The pulse becomes frequent, the appetite much impaired, and great prostration of strength ensues. The patient has a great disposition to go to stool and the



efforts to evacuate the bowels, produce much pain and but little discharge. The rectum is sometimes protruded out of its situation, by the violent exertions made use of to discharge the faeces; which is called prolapsus ani.

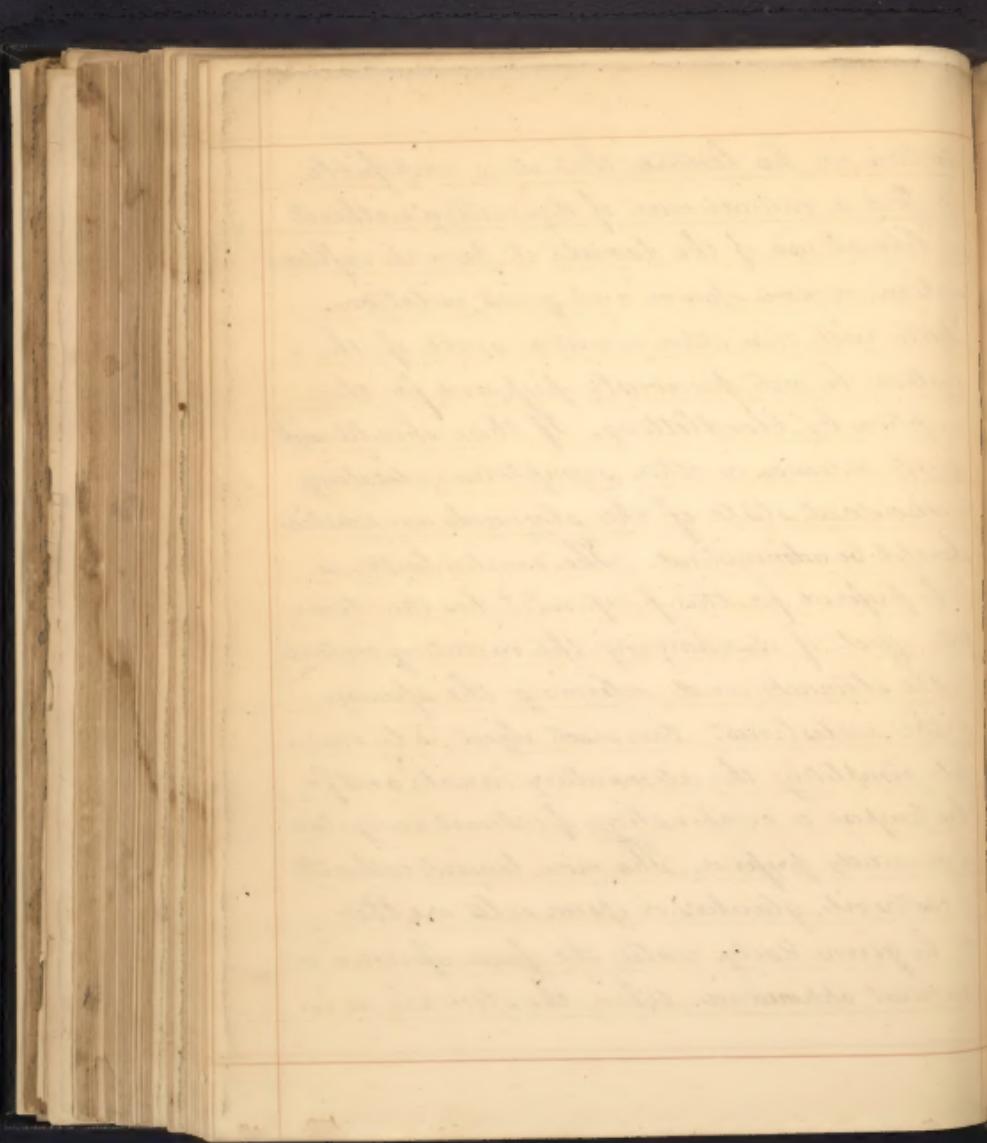
Dysentery, generally makes its appearance, in autumn, and is often combined with intermittent and remittent fevers. The most frequent causes of it, are marsh miasma, sudden transitions from heat to cold, noxious vapours. It is the opinion of modern physicians, that dysentery very seldom, proves contagious, unless it appears in camps, fleets or jails, and a proper attention is not paid to cleanliness and ventilation.

Treatment, as dysentery is generally attended with a considerable degree of arterial action, it will be necessary to de-tract blood; and if the symptoms demand it, the operation must be repeated. Dr. Chapman.



declares, in his lectures, that it is impossible to effect a radical cure of dysentery, without a liberal use of the lancet; it prevents inflammation, removes spasm, and quiets irritation.

Little will other remedies avail, if the system be not previously prepared for their reception by bloodletting. If there should exist much nausea, or other symptoms indicating a disordered state of the stomach, an emetic should be administered. The emetic tartar, is to be preferred for this purpose; it has the two-fold effect of discharging the irritating contents of the stomach, and relieving the spasm of the intestines. Our next object is to evacuate completely the alimentary canal; and for this purpose a combination of calomel and jalap is generally preferred. The more lenient cathartics, as castor oil, glauber's or epsom salts are then to be given daily, until the faeces assume a natural appearance. When the stomach is in



a very irritable state, we are directed by Dr. Chapman to give the ipecac. salts, which he observes will be retained even when every thing else is rejected. To assist the operation of the purgatives, injections are necessary; tepid water with the admixture of a little castor oil, will generally be sufficient for this purpose. If a more powerful ~~one~~ is required, we may employ tartar emetic in the dose of about twenty grains dissolved in two or three gills of tepid water, to which may be added a little sweet oil. Mucilaginous injections are also useful; they may consist of flaxseed tea, barley water, a solution of gum arabic in water &c. Large doses of camom and opium will sometimes overcome the stricture of the intestines, and produce evacuations when other means fail. The <sup>process</sup> of the disease being subdued and <sup>the</sup> bowels fully evacuated, combinations of opium and ipecacuanha will have a very beneficial effect.



The following formula is recommended by  
Dr. Chatman.

A. opium 1, 6s  
stomach 16s  
Tonic 9s

To be made into eight pills, one to be taken  
every two hours. Care should be observed in  
the administration of the opium, as it  
does not produce constipation, illuminating  
drinks, such as the mixture of gum arabic,  
flaxseed tea &c should be freely given; and  
if there should exist much pain in the  
bowels, they may be used in the form of  
encretions in combinations with an an-  
odyn. If it is desirable to produce a con-  
sistent perspiration, the Tonic powders should  
be resorted to; and if the abdomen be hard  
and painful, blisters and fermentations will  
generally afford relief. During the continuance  
of dysentery, the patient is often harassed by



to distressing-torments and tenesmus, and which sometimes continue a considerable time after the pangs of the disease is subdued. A remedy well suited to these affections is the drayinous mixture, which is made as follows

By Castor oil 3*ij*  
Gum arabic 3*ij*  
Loaf sugar 3*ij*  
Laud. 4*oz* gut  
clint water 3*ij*

Dose a table spoonful every two or three hours. Wine water and milk is an excellent substitute for this mixture. An opium suppository, which is, made by introducing a few grains of opium up the rectum is often attended with a very salutary effect. No remedy has been found more successful in these affections than an injection of melted butter; from half



up to three gills may be administered every three or four hours. It is important that the butter be free from salt, a horseradishy & strong solution of common salt in vinegar is by some practitioners, considered superior to every other article. In the latter stages of this disease the flannel, not the has been employed with much advantage. Dr. Chapman directs, that it should be seven or eight yards long, and passed around the body from the hips to the axilla. I have seen it used myself, in several cases of chronic dysentery and long protracted diarrhoea, with good effect; the patients were children. It keeps up a gentle diaphoresis, and imparts tone to the intestines. Great attention must be paid to the diet of the patient; demulcent broths, such as, gum arabic, barley water, tapioca, arrow root &c, may



be alleviated. All kinds of food which have a tendency to produce acidity, must be carefully avoided. A proper regulation of the clothing and diet, in this disease as well as in all others is of the first importance. Medicines, although of the most active nature, will at times prove inert or worse, if proper attention is not paid to the diet.

Typhoid Typhentary. This form of Typhentary differs very much from that of which I have just been treating. It is unattended with that high degree of arterial action which accompanies the other kind. It generally makes its appearance in camps, fleets, jails, and ill-ventilated apartments, where it usually runs its course in a very short time and often proves fatal. It is in these cases if proper



attention is not paid to cleanbloups and ventilation, that the disease becomes contagious.

To prevent it great care is necessary; the discharges should be removed immediately; the patients linen changed daily and the room freely ventilated. As in the early stage of typhus, we should commence the treatment with an emetic, and resort to the ordinary stimulants. Wine when ~~they~~ may be administered, and if it does not produce sufficient excitement in the system, the sol. alkali, must be given. If the prostration be great, blisters are to be applied to the abdomen and extremities. If relief is not obtained, mercury promises to afford much relief; it should be given until a slight ptyalism is produced. During its exhibition the patients strength must be supported by the diffusible stimulants.



Chronic Dysentery. This differs from the acute by the fever almost disappearing, and the bowels being left in a very soluble state. The evacuation of the faeces is attended with severe pain, the skin becomes hot and dry, the pulse feeble and languid. The appetite is much impaired and a general emaciation ensues. To effect a cure in this form of dysentery, diaphoratics are chiefly to be relied on, and to obtain their beneficial effects, they must be continued a long time. The Dover's powders in conjunction with warm beverages, have been used with much advantage. It is in this case that the flannel appears to be best suited; it should be applied until the patient regains his health. To suppress the discharge from the bowels a decoction



of logwood is very serviceable. Other astringents will perhaps become necessary, as the blackberry, gum kino &c. To expedite the cure, the patient should ride on horseback and take gentle exercise in the open air.

Intermittent Dysentery. This form of dysentery is generally found in low, marshy countries. The peruvian bark has been highly recommended, and by some considered as a specific in this disease. Dr. Chapman asserts, that the bark is irritating to the inflamed bowels and increases the disease. His plan of cure is, to pay no attention to the fever, until the bowel complaint is cured, <sup>and</sup> then to attack the fever. —



for Barnard

in the Barnard

Whale Islands